

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046953

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 15
FILED DEC 23 1963

Primary Registration District No. 3004

Registrar's No. 103

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 1 Month	c. CITY OR TOWN Lamar
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. 1
3. NAME OF DECEASED (Type or print) First Middle Last ELMER ELLSWORTH CRITES		4. DATE OF DEATH Month Day Year December 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-24-1863
9. AGE (last birthday) 100		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10b. KIND OF BUSINESS OR INDUSTRY Retail Store	11. BIRTHPLACE (City and state or country) Harrison Co. Ohio
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William B. Crites	
13b. MOTHER'S MAIDEN NAME Eliza Correll		14. NAME OF HUSBAND OR WIFE Lettie Johnson Crites	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address Mrs. Edgar Bean, Lamar, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Infection about Smith Peterson DUE TO (c) Hip rail - rail removed 11/7/63 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH 11/20/63
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov. 1960, to Dec 10, 1963 and last saw him alive on Dec 10, 1963 Death occurred at 8:20 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jenn T. Bickel, M.D.	(Degree or title)	22b. ADDRESS Lamar, Mo.	22c. DATE SIGNED 12/12/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-13-1963	23c. NAME OF CEMETERY OR CREMATORY Farlington, Cemetery	23d. LOCATION (City, town, or county) (State) Farlington, Kansas
24. FUNERAL DIRECTOR Bruce-Konantz Funeral Home, Lamar, Mo.		25. DATE RECD. BY LOCAL REG. 12/20/1963	26. REGISTRAR'S SIGNATURE Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0061

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Norman L. Thompson

Licensed Embalmer No.

4816

P. O. Address

Hamam, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.